THE CANCER LETTER
RESEARCH EDUCATION CONTROL

Vol. 5 No. 6

Feb. 9, 1979

Subscription $125.00 per year

P.O. BOX 2370 RESTON, VIRGINIA TELEPHONE 703-620-4646

FREDRICKSON, UPTON KILL PLAN TO CONVERT FCRC TO NIH SATELLITE, WILL CONTINUE L-B CONTRACT

The suggestion that the Frederick Cancer Research Center be converted from a contractor operated facility to a satellite NIH campus has been shot down by NIH Director Donald Fredrickson and NCI Director Arthur Upton.

(Continued to page 2)

In Brief

WAXMAN NOW KEY HOUSE HEALTH FIGURE; KENNEDY SUBCOMMITTEE BEEFED UP WITH TOP DEMOCRATS

HENRY WAXMAN'S defeat of Richardson Preyer for chairmanship of the House Health Subcommittee was due more to the desire by the parent Commerce Committee's Democrats to buck the seniority system than to concerns about a conflict of interest Preyer might have with his drug company stock, congressional insiders say. Another factor might have been a statement Preyer made that was critical of the HEW report on smoking; "it certainly didn't help him any," one staff member said. Neither did Waxman's campaign financial support of some committee Democrats hurt the California liberal's chances. Waxman, formerly a Beverly Hills lawyer and chairman of the California Assembly Health Committee, thus replaces Paul Rogers as the key House figure on health issues. . . . **OTHER DEMOCRATIC** members of Waxman's subcommittee are David Satterfield (Va.), ahead of Preyer (N.C.) in seniority, followed by Andrew Maguire (N.J.), Douglas Walgren (Pa.), Thomas Luken (Ohio), Barbara Mikulski (Md.), Phil Gramm (Tex.), Mickey Leland (Tex.), Richard Shelby (Alab.), and John Murphy (N.Y.). Republicans had not yet assigned their Health Subcommittee members. . . . **TED KENNEDY'S** Senate Health Subcommittee was beefed up with the addition of three heavyweight Democrats—Harrison Williams (N.J.), who is chairman of the parent Committee on Human Resources; Alan Cranston (Calif.), and Howard Metzenbaum (Ohio). On the Republican side, veteran Orrin Hatch (Utah) and freshman Gordon Humphrey (N.H.) join ranking minority members Richard Schweiker and Jacob Javits. Off the subcommittee are William Hathaway of Maine, who was defeated for reelection, and John Chafee, who moved to another subcommittee. . . . **R. LEE CLARK**, on the question of whether cancer center and American Cancer Society fund raising drives can coexist: "During my term as ACS president (and while he was still president of the Univ. of Texas System Cancer Center) we completed the fund raising for M.D. Anderson expansion, and ACS had a record fund raising drive." Now president-emeritus at Texas, Clark reminisced about the saccharin issue which his the headlines just as he opened the ACS science writers seminar that year: "I had to do a soft shoe act. That didn't lead to my coronary bypass, but it was a good test of the need for it."

HANNA'S RESEARCH PROGRAM AT FCRC GETS HIGH MARKS IN PEER REVIEW

(Continued from page 1)

In a memo to James Nance, president of Litton Bionetics Inc., which has the $25 million a year contract to operate FCRC for NCI, and Robert Stevenson, general manager of FCRC, Fredrickson and Upton said, "There can be expected to be a need for maintaining indefinitely a combination of contractor research activities and intramural research activities at FCRC."

NCI division directors stirred considerable concern among Litton's FCRC employees last year when they recommended that the contract be phased out and the center be converted to an NIH satellite campus to house expanded NIH intramural research programs.

The suggestion fell on receptive ears. Upton and Fredrickson have had to listen to criticism from the nongovernment scientific community which has considered FCRC to be an unfair competitor for NCI funds. A congressional committee staff investigation chimed in with a list of deficiencies claimed to have been found in what was a very cursory look at the operation. And Fredrickson is faced with the prospect that any expansion of NIH intramural research will have to be done somewhere other than at the Bethesda campus.

The prospect of quieting criticism and solving the NIH space crunch must have appealed to Fredrickson. He has had to face reality, however.

The reason why any conversion of FCRC into an NIH satellite campus will not occur in the near future, if ever, is the same reason why it was established as a contractor operated facility in the first place—NCI, NIH and HEW personnel ceilings. Government policy through the last three administrations has been to hold the line on employee levels, and that is not likely to change soon. There are approximately 900 persons on Litton Bionetics' payroll at FCRC. NCI has to fight with the Office of Management & Budget every year first, to resist reductions in position allotments, and then to get the handful of additional slots desperately needed to administer a $900 million a year program.

The Fredrickson-Upton memo does not rule out the possibility that more NIH intramural research will be conducted at FCRC in the future, or that changes will be made in the Litton Bionetics operation there. It even hints that the budget will be trimmed:

"As you are well aware, discussions have been under way during the past year for the purpose of developing long range plans for the Frederick Cancer Research Center. These discussions, which have acknowledged the praiseworthy accomplishments of the center during its first five years of operation, have been intended to ensure insofar as possible the continuing success of the center in the years to come.

"With the growth and maturation of the center, the developing excellence of facilities and staff and its proximity to Bethesda, the center has become an increasingly valuable resource to the research programs of NCI and other NIH institutes.

"Although it is foreseen that additional elements of NIH intramural research will eventually be located at FCRC, the number, size and identity of such elements cannot be specified at present nor can the timing with which they may be established there. In any event, there can be expected to be a need for maintaining indefinitely a combination of contractor research activities and intramural research activities at FCRC. Because such a combination will be highly advantageous if the two types of activities are programmed to be mutually complementary, long range plans for FCRC should take this factor into account.

"Long range NIH program plans for FCRC are not yet definite. As these plans develop, however, and as NCI re-evaluates its commitments at FCRC in the light of a no growth budget presumed for 1980, the need for orderly changes will be addressed jointly by the government and contractor."

FCRC is a major supplier of research materials for NCI and its grantees and contractors—animals, some of which are not available anywhere else; viruses, which are shipped to investigators throughout the world; and antitumor compounds from the fermentation facility.

Some carcinogenesis testing and research are carried on there under the auspices of the Div. of Cancer Cause & Prevention.

The Div. of Cancer Biology & Diagnosis is responsible for overseeing the FCRC element that many consider the center's most shining element—the Basic Research Program, or as it is now called, the Cancer Biology Program.

When the facilities of the former Army biological warfare base were turned over to NCI in 1972, the institute's senior executives were inclined to limit its development to that of a resource provider. But the National Cancer Advisory Board, on the recommendation of a committee chaired by Sidney Weinhouse, decided a basic research program should be initiated to complement and broaden the scope of the mission oriented activities. The Board theorized that such a program would enhance the scientific environment of the entire center.

NCI went along with the Board's decision, and Michael Hanna was hired to establish and run the program. He has an annual budget of $2.2 million and a staff of about 90, including five senior scientists as section heads, four as group leaders, and 19 staff scientists. Included among the latter periodically are visiting scientists from foreign countries.

The mission oriented activities have been reviewed at one time or another by NCI staff groups and with some nongovernment scientist participation. Hanna's program, however, has been subjected twice to thorough peer review by outside scientists—once by an ad hoc group chaired by Harold Amos, NCAB

member and a professor of microbiology and molecular genetics at Harvard; and again by the DCBD Board of Scientific Counselors. Both groups found the program was performing work of excellent scientific quality and recommended strongly that it be continued.

In an introduction to the 1978 report on his program, Hanna wrote:

"The major goals of the Cancer Biology Program have been and still are (1) to establish an operational, interdisciplinary research program that includes research sections concerned with the molecular, cellular and systemic aspects of cancer; and (2) to maintain an advanced systems project which serves as a resource to the entire scientific community for collaborative research and scientific education, training and communication."

Hanna said that "a major effort has been made to fill in the gaps of cancer biology research by directing attention to model systems and research approaches that are more difficult and thus less popular than more conventional systems or approaches. While working in four major areas—molecular biology, cell biology, carcinogenesis, and tumor biology and treatment—we strive to develop new models or approaches in order to complement other research in cancer biology at FCRC, in the NCI intramural program, and in the scientific community in general."

Hanna listed areas of research in which "some particularly important and fundamental findings emerged from the Cancer Biology Program" during the 1977-8 contract year:

• "A vector and DNA packaging system has been developed for recombinant DNA research. The safety and efficiency features of this system have led to its widespread adoption, including its use for the dissection and reconstruction of complex regulatory circuits. Several regulatory circuits involved in the maintenance of the plasmid state of P1 prophage are being analyzed with its aid.

• "Genetic determinants of regulatory functions involved in plasmid maintenance have been shown to be clustered in a small region of the genome of bacteriophage P1. The complex array of functions involved in conferring immunity to superinfection has been shown to be distributed widely over the genome. These functions have been shown to be superfluous for plasmid maintenance.

• "We have developed avian antibodies directed against $(Fab')_2$ fragments of mouse IgG as probes for scanning and transmission immunoelectron microscopic visualization of Ig-like molecules on the surface of T cells. These results support the contention that the Ig-like molecules on T and B cells act as primary receptors for antigen.

• "It has been demonstrated that, in mice, radiation induced lymphocytic neoplasms clearly do not have a virus etiology, thus eliminating the generality that all murine lymphoid neoplasias are etiologically associated with endogenous C-type viruses.

• "It has been shown that the endogenous C-type viruses are genetically not allelic, and thus, are possibly random integration events. This finding questions previous hypotheses that all endogenous murine leukemia viruses are evolutionarily derived. Furthermore, genetic studies in this area have shown that biologically relevant viruses, i.e., B-tropic viruses, arise by recombination of endogenous viruses.

• "Utilizing thymocyte-specific enzymes (terminal deoxynucleotidyl transferase), it has been demonstrated that specific thymic hormones can be used in vivo and in vitro to study the normal differentiation pattern of T cells. Furthermore, these studies are directly applicable to elucidating the mechanism of radiation-induced leukemias.

• "This year we have developed a sensitive competition radioimmunoassay for a major type of human plasminogen activator, urokinase. This will make it possible to rapidly compare plasminogen activators from a variety of normal and malignant human cells and should make it possible to study hormonal regulation of enzyme secretion in vitro under near physiological conditions.

• "The heterogeneity of a parent tumor for invasion and metastasis was demonstrated by the classical fluctuation test. Thus, highly metastatic tumor cell variants preexist in the parental population. This finding has important consequences for cancer biology in general and cancer therapy in particular. Furthermore, the highly metastatic clones developed from this study have become useful tools for testing new therapeutic approaches to cancer.

• "A selected B16 melanoma varian cell line ($B16\text{-}F10^{Lr}$) resists lysis by syngeneic immune lymphocytes. This resistance was due to the masking or absence of tumor-specific antigen(s) present on the lymphocyte-susceptible F10 cells. Furthermore, these lymphocyte-resistant cell lines are of low metastatic potential in vivo, which supports our hypothesis that metastasis does not occur solely because of deficient host defense mechanisms.

• "We found that UV-irradiation induces suppressor T-lymphocytes in the spleens and lymph nodes of mice. These suppressor cells prevent the initiation of an immune response against syngeneic UV-induced tumors in vivo. The specificity of suppression is unusual in that in includes all syngeneic UV-induced tumors, even though these tumors do not cross-react antigenically, but excludes virus- and chemically-induced syngeneic tumors. These findings are enabling us to determine how the immune response against tumor antigens is regulated in normal mice and in mice undergoing carcinogenesis.

• "While developing an initiation-promotion carcinogenesis model utilizing UV-irradiation and promotion with topical croton oil painting, we induced a malignant melanoma in a C3H mouse. This tumor was metastatic in the primary host and has been suc-

cessfully transplanted in vivo and in vitro. This is an important occurrence since, although UV has been epidemiologically associated with malignant melanoma, there has never been an experimental model for UV induction of malignant melanoma in animals with normal integument. This may be a single, significant inroad to an important environmental problem.

• "In a syngeneic guinea pig tumor model we have achieved specific immunotherapy of established visceral micrometastases utilizing vaccine preparations consisting of BCG and autologous tumor cells. The vaccine therapy has been shown to be effective over a broad range of tumor burdens and can be effectively administered after surgery of localized tumor for treatment of subclinical disseminated disease."

Hanna concluded, "Thus, the Cancer Biology Program of FCRC, a unique scientific environment recently created de novo, is making an impact both within and outside FCRC. One has to reflect on the value of a concept and mechanism which provides for development of such a research program with a range of scientific activities from molecular genetics to immunotherapy; the development of a program where the staff could be selected from the existing international pool of scientific leaders and organized around a laboratory concept which fosters and encourages interdisciplinary research. At least at this point, the concept and mechanism does work, and holds great promise for basic and fundamental cancer research."

Hanna heads one of the sections, on host/tumor interaction. Other section heads are Isaiah Fidler, biology of metastasis; James Ihle, immunobiology of viral carcinogenesis; Margaret Kripke, immunobiology of physical and chemical carcinogenesis; John Marchalonis, cell biology and biochemistry; and Michael Yarmolinsky, molecular genetics.

Kripke described her section's studies on ultraviolet radiation at a meeting of the National Cancer Advisory Board.

"It has been realized since the early 1900s that ultraviolet radiation in sunlight is an environmental carcinogen, and that it is capable of inducing skin cancer in man and in laboratory animals. Since that time, a great deal has been learned about the effects of UV light on DNA that lead to neoplastic transformation, and on the cellular mechanisms that repair DNA that has been damaged by UV radiation. What has been recognized only very recently, however, is that UV radiation can also have systemic effects, and that these systemic effects may be of equal importance in the development and pathogenesis of skin cancers.

"Previous work from my laboratory demonstrated that both squamous cell carcinomas and fibrosarcomas induced in mouse skin by repeated exposure to UV radiation are highly antigenic. This means that these skin tumors, induced in inbred mice, are capable of inducing a vigorous cell-mediated immune response when transplanted to another member of the same inbred strain. In fact, many of these tumors are immunologically rejected following transplantation to syngeneic mice and will grow only in ummunologically deficient mice. In spite of their strong antigenicity, these tumors grow progressively in the primary host and rarely undergo regression in situ. Thus, the animal in which the tumor has arisen is incapable of mounting an effective immunologic attack against the developing tumor, even though a normal syngeneic recipient will reject a tumor transplant. This suggests that mechanisms exist that enable these tumors to escape immunologic destruction in situ, or that the immune response of the primary host is altered in a way that favors, rather than hinders, tumor growth.

"Our experimental work has been addressed to this question of why the primary host fails to reject its developing tumor. We found that chronic treatment with UV light altered the mice in some way, making them unable to reject these antigenic tumors. Long before primary tumors were induced by the UV radiation, the UV-treated mice were unable to reject challenges with UV-induced tumors, implanted subcutaneously on the ventral (unirradiated) side of these animals, even though such transplants were rejected by unirradiated mice. Thus, the progressive growth of these tumors in UV-treated mice is due to a systemic alteration in the animals, induced by a relatively short course of UV irradiation of the skin.

"This systemic alteration produced in mice by UV irradiation seems to be immunologic in nature because it can be transferred with lymphoid cells. To demonstrate this, mice are lethally X-irradiated to destroy their own lymphoid system and repopulated with syngeneic spleen and lymph node cells from UV-irradiated mice or from normal control mice. These reconstituted mice are then challenged with a UV-induced tumor. Mice that received lymphocytes from the normal donors can reject the tumor challenge, but those reconstituted with cells from the UV-irradiated donors are susceptible to tumor growth. This implies that the failure of UV-irradiated mice to reject these tumors is due to an alteration in their lymphoid cell population. Additional experiments have shown that this lack of immunologic rejection is limited to antigens on UV-induced skin tumors and does not extend to other types of antigens. For example, the animals that are reconstituted with lymphoid cells from UV-irradiated mice can still reject skin or tumor grafts from mice of a different strain, even though they are unable to reject the syngeneic UV-induced tumors. Further, the lack of reactivity to UV-induced tumors appears to be due to the induction of specific suppressor cells, which regulate the immune response against tumor antigens. Thus, it appears that UV light does not directly inactivate lymphocytes. Most likely, UV radiation alters the skin by producing new anti-

gens, as well as incipient skin tumors. These antigens would serve as the intermediate between UV light and the immune system and would induce the suppressor T-lymphocytes that prevent the immune response against UV-induced tumor antigens.

"The finding that a selective immunologic defect precedes the appearance of primary UV-induced tumors suggests that a surveillance system against this type of skin cancer not only exists, but plays an important role in tumor induction. It is possible that the long induction period required for the development of these tumors represents a period during which there is immunologic elimination of newly transformed cells.

"Recently, we have had the opportunity to test the participation of UV-induced systemic alterations on the growth and metastasis of a murine malignant melanoma. This tumor arose in a mouse that had been treated with 10 1-hour exposures to a bank of FS40 sunlamps and painted topically with croton oil for two years. Whether or not this represents an example of co-carcinogenesis by these two agents remains to be explored. Regardless of the etiology of this tumor, however, we have found that following the injection of a tissue culture line of the melanoma either subcutaneously or intravenously, the tumor grows more rapidly and metastasizes more readily in UV irradiated mice. This suggests that UV radiation might enhance the growth and spread of melanoma by means of a systemic alteration, aside from its possible role in melanoma etiology."

"I would like to put in a plug for FCRC," Amos said after Kripke's presentation. "The kind of thing so brilliantly related here is just the sort of work we had hoped to have there when we established the program at Frederick."

HIGGINSON REFUTES POPULAR CONCEPTS ON ENVIRONMENTAL CAUSES OF CANCER

"You cannot legislate biology."

John Higginson, director of the International Agency for Research on Cancer, made that observation when he spoke on "The Role of Cancer Centers in Environmental Carcinogens—Misconceptions" at the recent meeting of the Assn. of American Cancer Institutes.

Referring to the concept currently popular in the U.S. and especially in Congress that the 80-90% of cancers which supposedly are caused by environmental factors can be prevented by eliminating exposure to those factors, Higginson cited examples of breast and cervical cancer.

"A first pregnancy at a young age seems to offer some protection from breast cancer," Higginson said. "But intercourse at an early age increases the risk of cervical cancer. How can you legislate on the age of first pregnancy? What are you going to tell Congress?"

Higginson pointed to the mirror image of stomach and colon cancer rates in Japan and the U.S.—high for stomach and low for colon in Japan, the reverse in the U.S., with second generation Japanese-Americans assuming the U.S. rate. "Wouldn't it be awful if this was the result of the same factor working differently?" (That is, causing colon cancer, protecting against stomach cancer.)

"Cancer isn't the only disease and environmental cancer isn't the only kind, although it is the most politically important now," Higginson said. "The public is confused and has lost faith in the experts to give an honest opinion. When we say we don't know, we're accused of a lack of faith."

Higginson selected three factors as the prime candidates responsible for a majority of the environmentaly induced cancers—cigarette smoking, diet and lifestyle. But, he said, "we can't really advise the public on the causes of a large number of cancers at the present time. . . . People fail to distinguish between well defined carcinogens and carcinogenic risk factors."

Fat consumption has been singled out by some investigators as being responsible for increased incidences of colon cancer. Higginson cited a study in Denmark in which it was found that residents of Copenhagen consumed an average of 116 grams of fat per day while Danes living in a rural area consumed 150 grams per day. Yet the incidence of colon cancer in Copenhagen was almost twice that of the rural area.

Studies of occupation groups in the United Kingdom have found substantial differences among various groups, Higginson said. However, "occupational studies are not simple." After selecting a number of occupations each with a significantly high rate of one cancer or another, UK investigators identified socio-economic groups to which most of the members of each occupational group belonged. A study of the cancer rates of the socio-economic groups, which included workers in a variety of occupations, found that rates were similar for the entire group, with little relationship to the occupation. This suggested that a high rate for cancer in one occupation group was related to the fact that most of the workers in that particular occupation belonged to the same socio-economic group and thus experienced the same general lifestyle.

Those studies demonstrate that "of the differences between occupation groups, 90% can be accounted for by differences in lifestyles and other exposures common to that particular social class, and only 10% to the occupational exposures," Higginson said.

John Durant, director of the Univ. of Alabama Comprehensive Cancer Center, earlier had expressed his concern that "prophylaxis and prevention are receiving a greater oversell" than previous cancer research prospects. He asked NCI Director Arthur Upton if he was doing anything to caution Congress.

Upton said he has been warning members of Con-

ress, in his appearances at hearings, that "to assume there will be short term benefits (from prevention research) would arouse expectations that are not justified."

BRINKLEY TRIES AGAIN; MANY BILLS WOULD HAVE SOME IMPACT ON CANCER

Congressman Jack Brinkley (D.-Ga.), who a few years ago introduced a bill authorizing $5 billion a year for NCI, is trying again.

Brinkley's new bill, HR 153, would approximately double the FY 1980 authorization for NCI, to $2.5 billion, with increases to $3 billion and $3.5 billion for 1981 and 1982. Language in the bill directs that priority would be accorded to funding grants presently approved but unfunded in the cause and prevention of cancer. The bill was referred to the House Health Subcommittee, where it has almost zero chance of getting any serious consideration.

Other bills introduced so far in the new Congress which could have some impact on the Cancer Program include:

HR 48, Harsha (R.-Ohio), and similar bills by others, to prohibit the banning of nitrites as food preservatives on the basis of any carcinogenic effect they "may be represented to have until a satisfactory substitute preservative is commercially available."

HR 11, Foley (D.-Wash.), and similar bills by others, to extend from 18 to 36 months the prohibition of regulatory action against saccharin while NCI completes its epidemiologic study of the artificial sweetener.

HR 16, Dingell (D.-Mich.), and a host of similar bills by others establishing a system of national health insurance.

HR 279, Drinan (D.-Mass.), permitting FDA to regulate tobacco products in the same manner that it regulates food products.

HR 280, Drinan, requiring an annual report to Congress on effects of cigarette smoke on nonsmokers.

HR 281, Drinan, strengthening requirements for warning labels on cigarette packages and advertising.

HR 282, Drinan, promoting development of methods of research, experimentation and testing "that minimize the use of and pain and suffering in live animals."

HR 293, Drinan, establishing a "health protection tax" on cigarettes.

HR 300, Drinan, regulating smoking in federal facilities and facilities serving common carrier passengers.

HR 430, Hammerschmidt (R.-Ark.), requiring the Environmental Protection Agency and other regulatory agencies to evaluate economic and environmental impacts before issuing regulations.

HR 488, Holtzman, D.-N.Y.), authorizing payment under the Social Security supplemental medical insurance program for diagnostic tests and examinations for detection of breast cancer.

HR 514, Lagomarsino (R.-Calif.), for a national voluntary health insurance system.

HR 540, Lloyd (D.-Calif.), for a catastrophic health insurance system.

HR 627, Pepper (D.-Fla.), establishing a new program of drug benefits for the aged.

HR 629, Pepper, establishing a Home Health Clearinghouse to disseminate information on home health programs available to the elderly.

HR 637, Pepper, expanding home health care services.

HR 639, Pepper, authorizing reimbursement for long term care under Medicare and Medicaid.

HR 641, Pepper, authorizing payment for services of licensed professional nurses under Medicare and Medicaid.

HR 1360, Conte (R.-Mass.), providing for reimbursement under the Social Security hospital insurance program for "qualified drugs requiring a physician's prescription or certification and approved by a formulary committee."

HR 1408, Hammerschmidt, authorizing Medicare payments for Pap tests.

HR 1435, Perkins (D.-Ky.), providing for inspection of schools to detect presence of asbestos and for the funding of testing and evaluation of such hazards, and establishing a loan program to assist in containment or removal.

HR 1650, Carter (R.-Ky.), establishing a clearinghouse for digestive disease information, grants for education programs on digestive diseases in medical schools, and establishing a National Digestive Diseases Advisory Board.

HR 54, Symms (R.-Idaho), and similar bills by others, limiting FDA's regulation of drugs to assure safety (and thus eliminating the agency's requirement that sponsors of new drugs must provide proof of effectiveness).

HR 58, Conable, (R.-N.Y.), establishing a long term care program under Medicare, community long term care centers, and state long term care agencies.

HR 138, Bennett (D.-Fla.), authorizing construction of a VA hospital in Jacksonville.

HR 43, Rosenthal (D.-N.Y.), permitting advertising of prescription drug prices.

HR 45, Rosenthal, requiring drug labels to list potency expiration dates.

HR 46, Rosenthal, making compulsory the licensing of prescription drug patents.

HR 1819, Satterfield (D.-Va.), broadening the discretion of the HEW secretary in the regulation of food additives found carcinogenic in animals (softening the Delaney amendment which requires automatic banning of such additives).

S 7, Cranston (D.-Calif.), improving VA health programs, establishing authorization levels, providing for VA hospital construction.

Copies of bills may be obtained by contacting the

Washington and home offices of your senators and representatives, or by writing to the House Document Room, Capitol, Washington D.C. 20515 for House (HR) bills; and the Senate Document Room, Capitol, Washington D.C. 20510 for Senate (S) bills.

CLINICAL ONCOLOGY PROGRAM HAS TOP PRIORITY: FINK; CCRAC MEETING DELAYED

The expanded new Clinical Oncology Program planned by NCI's Div. of Cancer Control & Rehabilitation has top priority and RFPs will be issued, although probably not in time for funding with FY 1979 money, DCCR Director Diane Fink told ***The Cancer Letter.***

Fink said a rumor that the program was in trouble because of opposition from NCI senior staff members was "totally untrue." The Cancer Control & Rehabilitation Advisory Committee had approved the new program, which will support contracts with up to 30 institutions and total about $10 million a year (***The Cancer Letter,*** Nov. 24).

The CCRAC meeting scheduled for this week was postponed, probably until late March or early April, because DCCR staff had not completed preparation of various options for new projects to submit to the committee.

MISTRIAL DECLARED IN FLOOD CASE

A U.S. district court jury was unable to reach a verdict in the bribery-perjury trial of Congressman Daniel Flood, forcing the judge to declare a mistrial.

Flood, who gave up his chairmanship of the House HEW Appropriations Subcommittee, said he was disappointed the jury did not agree on acquittal and insisted he was innocent of all charges. Flood later checked into Georgetown Univ. Hospital for "diagnostic tests." He had appeared frail and in poor health during the trial.

U.S. attorneys had not announced by presstime whether they would seek a new trial. Indications were that they would not, considering Flood's age (75) and health.

AACI RECOMMENDS CHANGES IN CONTROL DEFINITIONS, GUIDELINES, REVIEWS

Members of the Assn. of American Cancer Institutes, who have been anything but pleased over the way NCI has run the Cancer Control Program, have done more than merely complain about it.

An AACI committee after meetings with center cancer control program directors, NCI Director Arthur Upton, and Div. of Cancer Control & Rehabilitation staff, developed recommendations the committee said "would establish a broad framework within which the Association can assist in the further development of cancer control programs throughout the nation."

Impediments to planning, development and implementation of successful cancer control programs were identified by the committee. Recommendations were developed to deal with each of them:

Recommendation 1—That the following working definition of cancer control be approved: "Cancer control constitutes those activities which facilitate the diffusion of existing and new biomedical technology, skills and knowledge from the cancer centers to the communities; identify cancer control methods and techniques, field test in the community, evaluate the applicability of use in the community, demonstrate the effectiveness of methods and techniques found applicable, and promote appropriate and widespread use of useful methods and techniques."

The scope of interventions under cancer control should be prevention, screening, detection, diagnosis, and management (treatment, continuing care and rehabilitation) to emphasize the increasing importance of the first four interventions.

The mechanisms to effect cancer control should have developmental research (identification, field testing, and evaluation of cancer control methods and techniques), demonstrations (determination of applicability, acceptability, cost/effectiveness, and risks) and education.

Recommendation 2—That the essential components for the development and implementation of cancer control programs by comprehensive cancer centers are:

—Stability of base funding for cancer control program development and implementation for a period 5-7 years to include a minimum of five staff to include the director, at least two investigators qualified in cancer control intervention areas, one person trained in community relationships, and one person trained in evaluation techniques plus support personnel. Flexibility should be permitted to include other staff such as epidemiologists, statisticians, and administrators as supported by the cancer control program plan. Funding for program development and shared resources should be available.

—Detailed description of cancer control program plan, including proposed activities to augment programmatic and fiscal support through other peer reviewed mechanisms.

—Special guidelines for review of cancer control development grants.

Recommendation 3—That a mechanism for performance evaluation be developed to include merit review for demonstrated progress at stated intervals and evidence of investigator-initiated grant support which has been peer reviewed.

Recommendation 4—That AACI recommend that the review procedures for cancer control programs be revised as follows:

—Cancer control support grants should be reviewed by a special review committee in two steps: technical review by experts in each program area, and review of the total proposal as a "system" by experts in cancer control program management. Study sections should

be established in each cancer control intervention area for the review of grants and contracts. At least one cancer control program director should be appointed to each study section.

Grants and contracts which are submitted as single proposals but are components of the total cancer control program plan should be reviewed from both standpoints: the individual merit of the proposal and the merit as a component of the total cancer control program plan.

Site visit teams should include at least one cancer control program director who understands the problems of initiating a comprehensive cancer control program. Guidelines for site visit teams should be rewritten to limit agenda changes related to other persons involved in the cancer control program outside the institution who must voluntarily give of their time to participate in the site review process. Guidelines for site visits should require a final review of findings by the site visit team with the cancer control program personnel.

–Merit review procedures–The NCI project officer should conduct ongoing review of the projects under his supervision, including onsite inspections and should communicate any recommendations for improving the program to the cancer control program director.

Recommendation 5–That AACI recommend that the funding for cancer control programs be changed to increase the proportion of investigator-initiated grants; all grants and contracts should be eligible for competitive renewal; a phase-out period should be established for termination of contracts for cancer control programs; and the policy of excluding non-National Cancer Institute and non-NIH federal funding from inclusion in local monies to be raised by community based programs should be re-examined.

Recommendation 6–That AACI requests DCCR to publish a list of approved grants and contracts by program areas on a periodic basis.

Recommendation 7–That AACI requests DCCR to alert cancer centers of important public announcements relating to cancer which are initiated by the division.

Recommendation 8–That AACI re-examine the definition of cancer control program requirements contained within the National Cancer Advisory Board guidelines and submit recommendations as appropriate; develop guidelines defining the responsibilities for followup procedures in demonstration projects, in collaboration with cancer control program directors and NCI; develop broad guidelines defining program areas within the definition of cancer control, in cooperation with NCI; and develop guidelines for evaluation of cancer control programs in collaboration with cancer control program directors and NCI.

RFPs AVAILABLE

Requests for proposal described here pertain to contracts planned for award by the National Cancer Institute, unless otherwise noted. Write to the Contracting Officer or Contract Specialist for copies of the RFP, citing the RFP number. Some listings will show the phone number of the Contract Specialist, who will respond to questions. Listings identify the respective sections of the Research Contracts Branch which are issuing the RFPs. Address requests to the contract officer or specialist named, NCI Research Contracts Branch, the appropriate section, as follows:

Biology & Diagnosis Section and Viral Oncology & Field Studies Section–Landow Building, Bethesda, Md. 20014; Control & Rehabilitation Section, Carcinogenesis Section, Treatment Section, Office of the Director Section–Blair Building, Silver Spring, Md. 20910.

Deadline date shown for each listing is the final day for receipt of the completed proposal unless otherwise indicated.

RFP NCI-CM-97261

Title: *Preparation of aqueous extracts from fresh plants*

Deadline: *Approximately April 10*

The Div. of Cancer Treatment of NCI will make available to interested contractors a request for proposals for the preparation of aqueous extracts from fresh plant materials. Interested organizations must have the capabilities and facilities for (1) the collection and identification of 1,000 fresh plant samples per year and (2) the preparation of aqueous extracts of those plant samples for anticancer screening at government facilities.

The principal investigator must be either a chemist with training in organic chemistry or phytochemistry at the BS or MS level with experience in plant extraction work or a botanist trained in field collection and taxonomy at the PhD level. The PI must devote a minimum of 50% of his time to the project. Inclusive of the PI the project team must include the following: A senior chemist at the BS or MS level with training and experience in plant extraction; a PhD level botanist trained in field collection and taxonomy; sufficient technical personnel to handle the collection, extraction and sample handling aspects of the proposed work.

It is anticipated that one incrementally funded contract will be awarded for a three year period, and will require levels of effort of 3.5 man years per year in year 1, 3.25 man years in year 2 and 3.0 man years in year 3.

Contracting Officer: John Palmieri
Cancer Treatment
301-427-8125

The Cancer Letter _Editor Jerry D. Boyd

Published fifty times a year by The Cancer Letter, Inc., P.O. Box 2370, Reston, Virginia 22090. Also publisher of The Clinical Cancer Letter.